

# Use Of Scan Forms To Cross Language Barriers In Psychiatry

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## ABSTRACT

*One of the many problems confronting today's physician is the need to communicate with patients of many different cultural backgrounds and different languages. In psychiatry, as in many other medical specialties, the initial assessment depends on the ability of the clinician to communicate with the patient. Currently, if the doctor and the patient do not speak the same language, a sometimes clumsy translation process impedes the patient-physician relationship and frequently hampers or minimizes this crucial first evaluation.*

*A new system to translate patient information to the clinician is being explored. Using scan forms to ask patients important clinical questions in their own language, offers a unique way to begin to gather necessary medical information.*

## INTRODUCTION

A patient presents at a psychiatric emergency room or out-patient clinic and cannot speak any English. Rather than wait for a staff member who can translate for the patient, the patient is handed a scannable intake form to complete. Assuming that the patient is literate, the form asks questions about presenting symptoms, history of present problems and medical history in their own language. The responses are simple dots to fill-in on a scan form. The form is then scanned into a computer and the questions and responses are available in English either on a computer screen or printed out to review. The printed report can be either a print out resembling the form but in English or it can be printed as a narrative or description, essentially in "the patient's own words."

## ADVANTAGES

This process can expedite triage and assist in focusing the interview process. Another advantage is that the form can be translated into different languages and scanned into English quite easily. The responses are simple dots and the location of these dots determines the responses.

## DISADVANTAGES

The scannable assessment or triage form assumes that the patient is minimally literate and can read and respond to questions by filling in a dot on a form with a pencil or pen. It also assumes that the patient can tolerate completing a form.

## CONCLUSION

In geographic areas where there are a number of patients who speak different languages, there is a need to ease the communication process between patient and clinician. Scannable screening forms cannot replace the clinician's questions but forms can expedite the screening process, minimize the "language barrier" and give the clinician valuable information prior to seeing the patient.

In demonstrating the flexibility and advantages of using a scan form to obtain patient information, this same information can also be gathered in different languages. A scannable screening form can initiate a productive patient-clinician interaction even if there are different languages that impede verbal communication.